

HDMS ——— 125th ANNIVERSARY



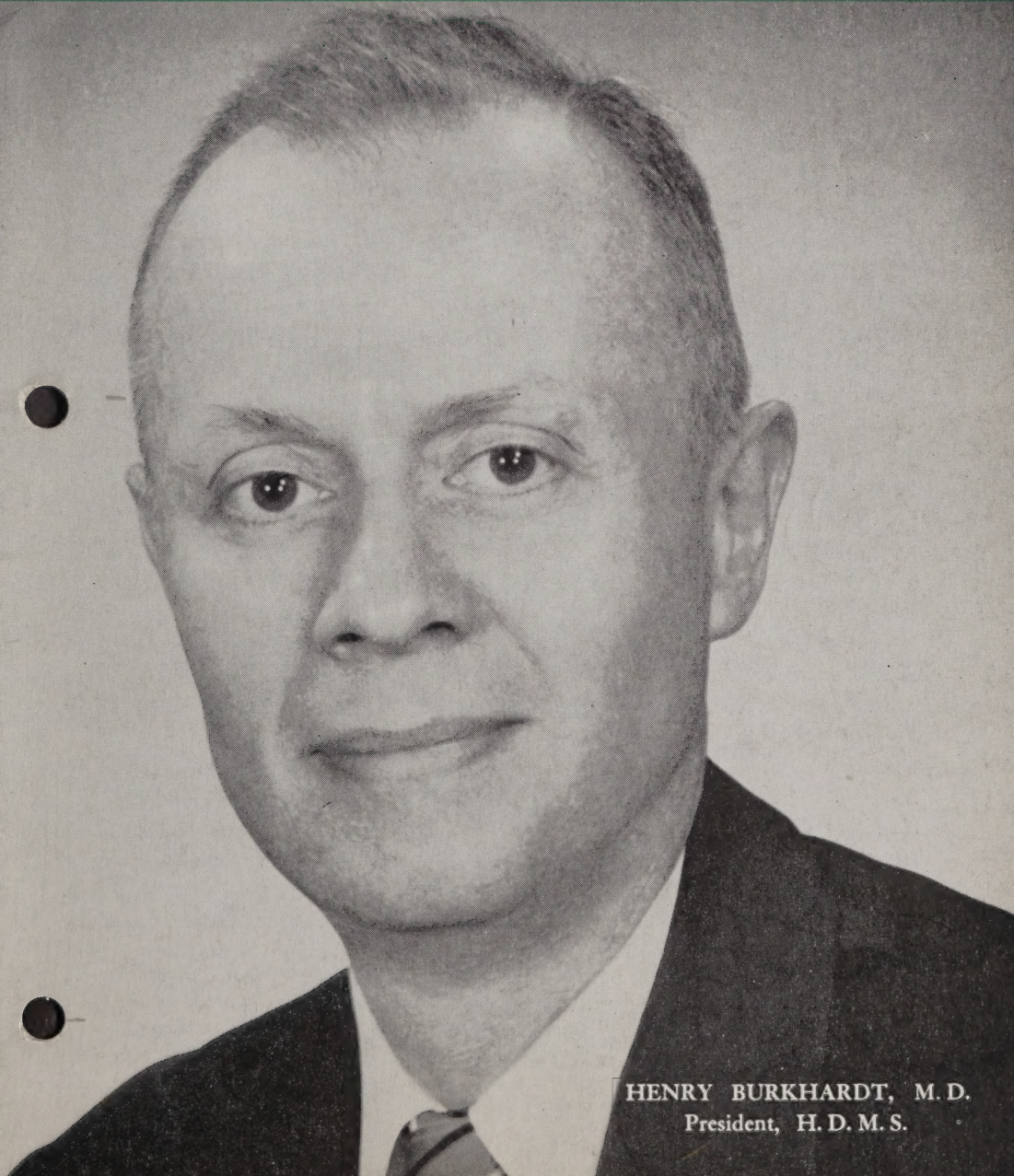
The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XXI

MAY, 1965

NO. 5



HENRY BURKHARDT, M. D.
President, H. D. M. S.

Hampden District Medical Society

1414 STATE STREET — SPRINGFIELD, MASS.

Telephone: REpublic 6-0661

Vivian M. Purdy, *Executive Secretary*

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<i>Vice President and President-Elect</i>	Henry Burkhardt, M. D.
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<i>Public Health</i>	David E. Booker, M. D.
<i>Insurance, Labor Relations, and Industrial Accidents</i>	William Mosig, M. D.
<i>To Committee on Tax-Supported Medical Care</i>	Harry L. Roberts, M. D.
<i>By-Laws</i>	Max Millman, M. D.
<i>Nominating</i>	John A. Prybylo, M. D.
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<i>Health and Accident Insurance</i>	H. Bernard Tillman, M. D.
<i>Mental Health</i>	Eugene Boss, Jr., M. D.
<i>Disaster Medical Care</i>	Walter S. Mozden, M. D.
<i>Medico-Religious</i>	John J. Bandeian, M. D.
<i>Representatives to Community Council</i>	

Theodore R. Miner, M. D. and Martin B. Murray, M. D.

The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."

Hippocrates

Founded in 1942 by Drs. Edward P. Bagg and William A. R. Chapin, and published monthly except July and August.

BOARD OF EDITORS

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THE HAMPDEN HIPPOCRAT, MAY, 1965

E D I T O R I A L

"DON'T SWEAT THE SMALL STUFF"

Is this the attitude of today's youth toward health knowledge and practices? Or, is this an era where adult leadership, particularly in the schools, has unfortunately been faltering? Whatever the cause, a recent nationwide study revealed that "a disturbing number of young people exhibit poor health habits and engage in harmful practices that are augmented by gross ignorance of the effects of what they are doing." Moreover, this same study revealed that health instruction is "virtually non-existent or totally inadequate" in the majority of public schools throughout the United States. From superficial observations, we, in this locale, cannot hold our heads high and say: "Not us, nor here."

Sponsored by five agencies - the National Education Association, the U. S. Office of Education, the A.M.A., the U. S. Public Health Service, and the National Congress of Parents and Teachers - the study was con-

For new Officers and Committees see pages 6 and 11.

ducted from 1961 to 1965 and consisted of two parts. In one part, a sample of 121 school systems in 38 states answered such questions as how health is taught in their schools, what is taught, and who teaches it. In the other, health tests were given to students in selected classes in 116 of these systems to measure the effects of this teaching.

In most elementary schools, health instruction is given by regular classroom teachers in combination with other subjects. In secondary schools, most instruction is given by teachers with combined majors in health and physical education and the rest largely by teachers with physical education majors only. Of 32 health topics listed for rating, only 5 - accident prevention, cleanliness and grooming, dental health, food and nutrition, and exercise and relaxation - were emphasized by a majority of all the schools in every grade. Most of the medium and small but few of the large school districts included such topics at the high school level as boy-girl relationships, sex, family, and habit forming substances.

Students were given health tests in the sixth, ninth, and twelfth grades. On the average, sixth grade students were able to answer only a little over 1/2 of the questions; whereas, older students could answer about 2/3. In the ninth grade where knowledge, attitudes, and practices were answered separately, the proportion of correct answers was about 77% for knowledge and attitude but only 46% for health practices. All in all, it can be concluded that health education received "token" coverage in today's imbalanced school curriculum. Health education has been so neglected of late that often school personnel have come to regard it as a nuisance course and it has been assigned too frequently to teachers lacking necessary professional preparation or enthusiasm. Moreover, there are such other factors working against positive health education as failure of parents to encourage the practice of good health habits learned at school; the ineffectiveness of instruction methods; parental and community resistance to discussion of sex, venereal disease, and other controversial subjects; and inadequate professional preparation of teaching staffs.

The revelations of this study are not being ignored nor "hush-hushed." Rather, experimental curriculum materials are being developed and tested. Revisions will be made on the basis of this experience and recommendations will be released in the very near future.

If the health of our tomorrow's adults is essential to the realization of educational and social goals, then the time for action is now. Such action requires the support of the entire community and all of its specialized resources to assist local schools in implementing improvements in health knowledge, attitudes, and practices. And it is for us, physicians, to assume the leadership in stimulating the development of positive programs aimed at meeting local health education needs.

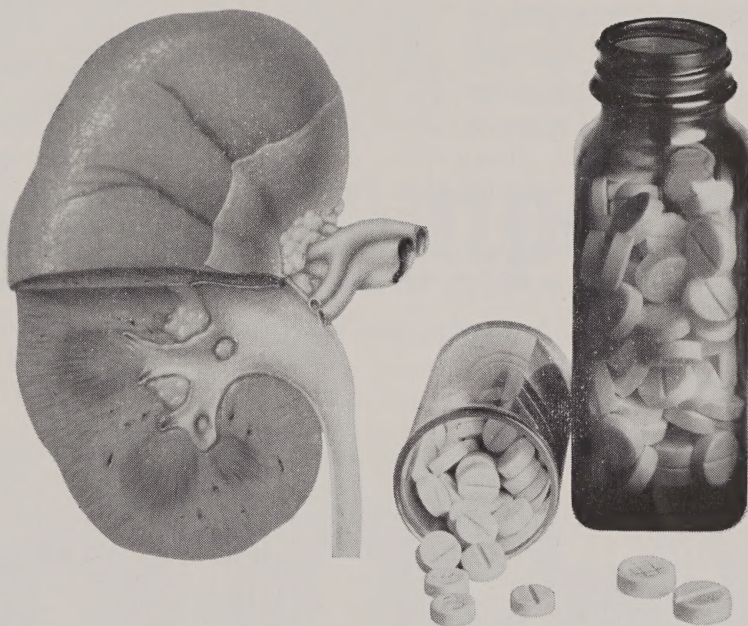
J.C.A.

ACT NOW!

"I urge you to contact your state senators and representatives requesting that they strongly oppose the chiropractic bill — H 2180."

J. M. Baty, President, MMS

at Merck Sharp & Dohme...



understanding...

precedes development

The development of chlorothiazide and probenecid were events of major importance, but perhaps even more important for the future was the Renal Research Program by which they were developed. When Merck Sharp & Dohme organized this program in 1943, it was expressing in action some of its basic beliefs about research:

- Many problems connected with renal structure and function were still undefined or unsolved. The Renal Research Program would begin its basic research in some of these problem areas.

- From knowledge thus acquired might come clues to the development of new therapeutic agents of significant value to the physician.

For example, the Renal Research Program put fifteen years into this search before chlorothiazide became available. But because these years had first led to a greater understanding of basic problems, the desired criteria for chlorothiazide existed before the drug was developed.

Along with other research teams at Merck Sharp & Dohme, the Renal Research Program continues to add new understanding of basic problems—understanding which will lead to important new therapeutic agents.

MSD MERCK SHARP & DOHME Division of Merck & Co., Inc., West Point, Pa.
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THE AXUILIARY ELECTS

On Tuesday, April 13th, the Woman's Auxiliary to the Hampden District Society ended its current season with a well-attended luncheon at the Springfield Country Club.

Mrs. Raymond Conway of Holyoke was elected president for 1965-66, and the following were named to serve with her—President-elect, Mrs. Eugene W. Beauchamp, Jr.; Recording Secretary, Mrs. Setrag Zacarian; Corresponding Secretary, Mrs. Edward Caruso; Treasurer, Mrs. Harry Corwin; Scholarship Treasurer, Mrs. Frederick Post. Mrs. Emanuel Wiedman, Mrs. Oliver Menard and Mrs. Harry Anton will serve as directors. Mrs. Arthur Gramse has been appointed delegate to the state nominating committee, with Mrs. Joseph Angelica, alternate.

Mrs. Stanley Dixon, chairman of the 1965 Nominating Committee, presented the above slate and it was passed unanimously. Assisting Mrs. Dixon were Mrs. Leon Kruger, Mrs. Roger Hebert, Mrs. John Fitzgibbon, and Mrs. Arthur Gramse. The Nominating Committee for 1966 will be headed by Mrs. Arthur Gramse with Mrs. Joseph Angelica, co-chairman, Mrs. Harry Anton, Mrs. Omar Pace, and Mrs. John Yelle.

Mrs. Jost Michelsen, State President, was the guest of honor at the luncheon, and installing officer.

Mrs. Emanuel Wiedman, outgoing president, was presented a gift by the Auxiliary for her excellent leadership during the past year.

Mrs. Fred Ziter
Publicity to the Hippocrat



L. to R. Mrs. Setrag Zacarian, (Recording Secretary); Mrs. Edward Caruso, (Corresponding Secretary); Mrs. Raymond Conway, (President); Mrs. Eugene W. Beauchamp, Jr., (President-Elect); Mrs. Harry Corwin, (Treasurer).



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to be in
the Masters
to get sprains
and strains**

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(Warning: Codeine may be habit-forming.) **Indications:** 'Soma' Compound and 'Soma' Compound with Codeine are useful for relief of pain and stiffness in traumatic, rheumatic and other conditions affecting muscles and joints. **Contraindications:** Allergic or idiosyncratic reactions to carisoprodol, phenacetin, or codeine phosphate. **Precautions:** *Phenacetin*—With long-term use, give cautiously to patients with anemia and cardiac, pulmonary, renal or hepatic disease. May damage the kidneys when used in large amounts or for long periods. *Caffeine*—Not recommended for persons extremely sensitive to its CNS stimulating action. *Codeine phosphate*—Use with caution in addiction-prone individuals. *Carisoprodol*—Carisoprodol, like other central nervous system depressants, should be used with caution in patients with known propensity for taking excessive quantities of drugs and in patients with known sensitivity to compounds of similar chemical structure, e.g. meprobamate. **Side effects:** Drowsiness, lightheadedness, dizziness, and gastric complaints have been reported infrequently for either or both of these preparations. *Phenacetin*—Side effects are extremely rare with short-term use of recommended doses. Prolonged ingestion of overdoses may produce dyspnea, cyanosis, hemolytic anemia, skin rash, anorexia, subnormal temperature, insomnia, headache, mental disturbances, and tolerance. *Caffeine*—Side effects are almost always the result of overdosage. Average doses may rarely cause nausea, nervousness, insomnia, and diuresis. Excessive dosage may produce, in addition, restlessness, nervousness, tolerance, tinnitus, tremors, scintillating scotomata, tachycardia, and cardiac arrhythmias. *Codeine phosphate*—Possible side effects are nausea, vomiting, constipation, and miosis. *Carisoprodol*—The only side effect reported with any frequency is sleepiness, usually on higher than recommended doses. An occasional patient may not tolerate carisoprodol because of an individual reaction, such as a sensation of weakness. Other rarely observed reactions have included dizziness, ataxia, tremor, agitation, irritability, headache, increase in eosinophil count, flushing of face, and gastrointestinal symptoms. One instance each of pancytopenia and leukopenia, occurring when carisoprodol was administered with other drugs, has been reported, as has an instance of fixed drug eruption with carisoprodol and subsequent cross-reaction to meprobamate. Rare allergic reactions, usually mild, have included one case each of anaphylactoid reaction with mild shock and angioneurotic edema with respiratory difficulty, both reversed with appropriate therapy. In cases of allergic or hypersensitivity reaction, carisoprodol should be discontinued and appropriate therapy initiated. Suicidal attempts may produce coma and/or mild shock and respiratory depression. **Dosage:** Usual adult dosage of 'Soma' Compound or 'Soma' Compound with Codeine is one or two tablets three times daily and at bedtime. **Supplied:** 'Soma' Compound, orange tablets, each containing carisoprodol 200 mg., phenacetin 160 mg., and caffeine 32 mg. 'Soma' Compound with Codeine, white capsule-shaped tablets, each containing carisoprodol 200 mg., phenacetin 160 mg., caffeine 32 mg., and codeine phosphate 16 mg. Narcotic order form required. *Before prescribing, consult package circular.*

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REPORT OF NOMINATING COMMITTEE

April 27, 1965

Your Nominating Committee presents the following slate of officers for the year 1965 - 1966:

<i>President:</i>	Henry Burkhardt
<i>Vice-President & President-Elect:</i>	Donald R. Hayes
<i>Secretary:</i>	Harry N. Memery
<i>Treasurer:</i>	Paul T. Moore

Assistant Secretary: (Elected by the Executive Committee)
John F. Griffin

<i>Executive and Grievance Committee</i>	Terms to expire 1968
Walter J. J. Nero	Walter S. Mozden

<i>Commissioner of Trial:</i>	Alfonso A. Palermo
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<i>Supervising Censor:</i>	Samuel B. Potsubay (Term expires 1967)
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Censors:

William Davis	Walter J. J. Nero
Mendel Mazer	Ralph T. Miller

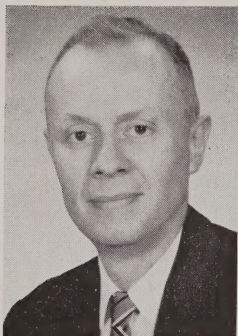
Nominating Committee for 1966-1967

One Year	Frank G. Mills, <i>Chairman</i>
Two Years	William B. Coen
Three Years	Kenneth L. McEwen

Councilors:

Jacob J. Arenstam	Westfield
Joseph M. Baker	Springfield
Bernard Bloom	Springfield
George Bronos	Holyoke
John J. Callan	Palmer
Robert W. Emery	Springfield
Elmer F. Franseen	Springfield

President's Page



INAUGURAL REMARKS

(April 27, 1965)

It is a great pleasure as well as a distinct honor to be chosen president of our District Society. This office seems to have a special affinity for pediatricians. In addition to Dr. Thomas Reilly of Springfield, I am the fourth pediatrician from Holyoke to hold this office. The others are: Drs. Edward P. Bagg, Jr., Fred H. Allen, and John A. Burke.

Our last meeting, the Anniversary Dinner Meeting, appropriately highlighted our 125th birthday celebration. The "Hippocrat" contained many articles recalling the interesting past of our Society and tracing its growth and development from a socio-scientific group to one that concerns itself primarily with the socio-economic, medico-legal, insurance, and public relations aspects of medicine. This is as it should be as our current post-graduate education is provided by the hospitals and the hospitals and the teaching conferences.

We are in the midst of a changing socio-economic scene, hastened by the President's efforts to achieve "the Great Society". We will see the United States Congress pass some type of legislation to provide medical care for the aged which would be financed in part by compulsory, social security type of taxation. Most of us are opposed to this system as we fear this is the "one foot in the door", to quote Mr. Forand, that will bring on eventually socialized medicine with the doctors working only for the Federal Government and not for themselves and their patients. In this respect I am reminded of the story of the lady who had just completed a course in first aid. While walking to work one day she witnessed a terrible accident. She described it to one of her classmates in the first aid course as follows: "There was this terrible auto accident

with the driver, who was thrown into the street, suffering a compound fracture of his thigh, a badly cut scalp, and terrible blood loss." The listener asked: "And what did you do?" The first lady replied: "I quickly appraised the situation, remembered my first-aid training, sat down on the curb and placed my head between my knees so I wouldn't faint."

In the immediate years ahead of us we may face many changes that we do not want, but I know we will always remember to think first of all not of ourselves but of our patients. By this I do not mean that I personally favor Medicare or any type of federally controlled or financed medical care, but only that I feel that the coming change in the practice of medicine is but one of many social changes taking place in the world today.

I am pleased to find so many members willing to serve on our committees. They thus demonstrate a personal interest in seeing to it that the image we create as a group expresses their personal feelings.

I am proposing we study other problems at the District level and that we consider the following:

1. Forming a committee to study the problem of narcotics.
2. Developing a "sports injury" conference in cooperation with our neighboring high schools and colleges.
3. Providing leadership for an anti-cigarette smoking program through our high schools.
4. Endorsing and implementing the controversial program of "sex education" in our local schools through our school boards and school administrators as one method of attacking the alarming increase in VD in our teenagers.

Thank you again for the privilege of serving as your president in the coming year.

Henry Burkhardt, M.D.

ATTEND
the
184th ANNUAL MEETING
MASS. MEDICAL SOCIETY

TIME:	Tues., Wed., Thurs. May 18, 19, and 20
PLACE:	Statler Hilton Hotel Boston
AGENDA:	Annual Meeting Lectures and Films Panels Section Luncheons Scientific Exhibits Technical Exhibits Golf Tournament Annual Discourse Shattuck Lecture Art Exhibit
ANNUAL DINNER:	Wed., May 19, 7 p.m.

ATTENTION COUNCILORS!

The Annual Meeting of the Council will be held on Monday,
May 17. The Meeting will convene at 10:00 A.M.

OUR COMMITTEES FOR 1965-66

The following committees were appointed by President Henry Burkhardt at the Annual Meeting, April 27, 1965.

Public Relations

Robert N. LaMarche, Chairman
Bernard Bloom
Kenneth Collard
John H. Fitz-Gibbon
Charles R. Holt
John M. Maloney
Jules R. Setnor
Karel J. Susat
James J. Visconti

Legislative

Robert W. Emery, Chairman
John C. Ayres
Walter S. Mozden
Rogert G. Robitaille

Disaster Medical Care

Walter S. Mozden, Chairman
Alfred N. Aborjaily
John C. Ayres
Mordecai E. Berkowitz
Richard F. Butler
Charles Callahan
Roland R. Cartier
Frank K. Duffy
William Duval
Norman Epstein
Edard L. Ferguson
Kenneth L. McEwen
Roger G. Osterheld
Karel J. Susat

Public Health

David E. Booker, Chairman
J. J. Arenstam
John C. Ayres
Lowell Bellin
Louis A. Izenstein
Ellis Joffe
Paul T. Moore
Robert A. Sears
Roland F. Stebbins
Sydney Nathans

By-Laws

Max Millman, Chairman
John F. Griffin
Harry N. Memery
Ralph T. Miller
Theodore R. Miner

(Hospitals Represented)

Springfield Hospital
Noble
Municipal
Shriners
Ludlow
Mercy
Western Mass.
Wing
Mary Lane
Wesson Maternity
Holyoke
Wesson Memorial
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James D. Allan
Charles D'Avanzo
Thomas B. Efford
Oscar Rodin
Jacob I. Weisman

Committee on Members'

Insurance Programs

H. Bernard Tillman, Chairman
Aaron H. Burkin
Robert F. Cahill
Sol M. Gold
Rene V. Hebert
Philip B. Keitlen
Donald LaBrecque
Jay I. Slosberg
Setrag A. Zacarian

Mental Health

Eugene G. Boss, Jr., Chairman
Louis C. Clarke
Joseph Bernstein
Michael Green
Robert D. Harrington
John A. Larson
Ralph H. Levin-Epstein
Ralph T. Miller
Stanley D. Rapinchuk
John J. Sandt
Lewis A. Whiting

Auditing Committee

Joseph Rini, Chairman
Lincoln B. Wales

**Insurance, Labor Relations &
Industrial Accidents**

William Mosig, Chairman 1966
Eugene W. Beauchamp, Jr. 1967
M. Gene Black 1968
Joseph R. Kelly 1969

Malpractice & Medico-Legal Affairs

Joseph Angelica, Chairman 1966
John P. Sullivan 1967
A. A. Bloniarz 1968
John J. Burke 1969

Medico-Religious

Garry DeN. Hough, III, Chairman
James G. Fitzpatrick
William N. Hill
Leroy J. Kendrew
Harry Michelson
Francis A. Teta
John J. Sandt

Woman's Auxiliary

Bruce B. Stoler, Chairman
James J. Visconti Public Relations
Robert W. Emery Legislative

Emergency Medical Service

B. A. Galuszka, Chairman
John F. Appel
Charles Callahan
William Cummings
Alonzo D. Sheffield

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Henry Burkhardt
Donald R. Hayes

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AMERICAN CANCER SOCIETY
1965 SCIENTIFIC SESSION

Drake Hotel, Philadelphia, Pa., June 16, 1965

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ANNUAL MEETING HIGHLIGHTS

(April 27, 1965)

Meeting, which is held at the Shaker Farms Country Club, is called to order by President Miner at 6:45 p.m. . . . Attendance: 181. . . .

President Miner calls attention to the 16 informational committee reports published in the April issue of the Hippocrat. . . . Dr. Emery, Chairman of Legislative Committee, presents a supplementary legislative report (see page 17).

Four committee reports bearing recommendations are presented. All are approved. . . . First report is that of the Executive Committee recommending a revision of the 1962 resolution on telephone listing. The new revision reads: "That yellow page telephone listings be limited to address, specialty, and office hours in the telephone directory of the *city or town* where the doctor's home or office is located. He *may also be listed if he has an affiliation on the staff of a general hospital.*" (The italicized words indicate new change.)

The second report is that of Dr. Galuszka, Chairman of the Emergency Medical Service Committee. His resolution "That the Springfield Emergency Medical Service include Chicopee Center, Chicopee Falls, and Indian Orchard areas", is approved. . . .

Proposed amendments by the By-Laws Committee as published on pages 23 and 24, of the April issue of the Hippocrat, are adopted. . . . Report of Treasurer Wells, including recommendation that dues for the coming year be \$35.00, is approved. . . .

Meeting is recessed for liquid refreshments and a delicious dinner. . . . Prior to dinner President Miner calls for a moment of silence in memory of

the loss by the death of the following members:

Samuel R. Feldman, J. Perry Graham, Louise M. Leverone, J. Gordon Ross, Bennett Solomon, David P. Crowell, Donald J. MacLean, Seth A. Lewis, and Henry J. Ziolkowski.

Also in memory of the late President of the A.M.A., Dr. Norman A. Welch. . . .

Following the dinner, 50-year membership certificates are presented to Drs. Harry F. Wheat and John M. Gilchrist. . . .

Report of Nominating Committee is then presented by its chairman, Dr. John A. Prybylo. This is unanimously approved (see page 6). . . . Retiring President Miner expresses his appreciation to all committees and especially to Secretary Memery and Executive Secretary Mrs. Purdy. . . . He introduces incoming President Dr. Henry Burkhardt who calls for a rising vote of thanks to Dr. Miner for a job well done. . . . The new president presents his Inaugural Remarks (page 8). He then lists his committees (page 11). . . .

Under new business Dr. Nathans expresses criticism of a nursing home ad in the Hippocrat. This is referred to committee. . . .

Secretary Memery announces that following the meeting councilors will meet to elect an Executive Councilor and his Alternate for a term of three years. . . .

Meeting adjourns at 9:45.

Anything on your mind? Share it with the Hippocrat.



THE CHANGING OF THE GUARD

L. to r. Standing: Drs. Hayes (President-Elect), Memery, (Secretary), Wells (Retiring Treasurer), Moore (New Treasurer). Seated: Drs. Burkhardt (Incoming President), Miner (Retiring President).



Receiving their 50-year certificates from the hands of President Miner are Dr. John M. Gilchrist, (right) and Dr. Harry R. Wheat.



The dinner, obviously, was delicious.

I N M E M O R I A M

HENRY J. ZIOLKOWSKI, M.D.

Dr. Henry J. Ziolkowski of 170 Springfield St., Chicopee, died at his home on April 17, 1965.

Born in Hazelton, Pa. on February 22, 1914, Dr. Ziolkowski attended Temple University, Penn. State and St. Francis College, receiving his B.S. degree from the latter school. After receiving his doctor of medicine degree from Middlesex University of Medicine, Waltham, Mass. in 1942, he went on to serve internships and residencies at the St. Cloud Hospital in St. Cloud, Minn., the St. Elizabeth Hospital in Elizabeth, N. J., and the Alexian Brothers Hospital in Elizabeth, N. J. Thereupon, he entered into the general practice of medicine in Chicopee and served his patients and community meritoriously.

Dr. Ziolkowski served on the medical staff of the Mercy Hospital in Springfield. He was a member of the American Medical Association, the Association of Military Surgeons of the United States, the Mass. Medical Society, the Hampden District Medical Society, and the Chicopee Medical Association. Dr. Ziolkowski served in the U. S. Army Medical Corps. during World War II.

Deepest sympathy is hereby extended to his family and to his many friends and associates.

ON
TO THE
AMA'S 114th ANNUAL CONVENTION
JUNE 20-24
New York, N. Y.

LEGISLATIVE COMMITTEE
(Supplementary Report)

FUTURE ACTIVITY REGARDING H.R. 6675

On April 8th, the House of Representatives passed *two* key votes regarding H.R. 6675, the legislation providing for a program of health care for the elderly, as developed by the House Ways and Means Committee. The first and most important of these votes was on a motion to recommit H.R. 6675 to the Ways and Means Committee with instructions to report back with a bill similar to the Byrnes proposal. The substitute bill would be the basic package previously proposed by Representative Byrnes, of Wisconsin, but would incorporate income limits for families and single persons. While the Byrnes proposal was not the best bill that could be developed, it did not include Social Security financing, which is one of the major issues in the Medicare controversy.

The motion to recommit failed by a vote of 236-191, and a subsequent motion calling for approval of H.R. 6675 passed, 313-115. The motion to recommit was supported by Representatives Martin, Bates, Morse and Conte of Massachusetts. While the results of these two votes were in opposition to the position of organized medicine, the substantial amount of support shown for medicine's position on the vote to recommit and on the vote on final passage, even after Representatives had been freed from party commitments, should not be overlooked. Both votes indicate that a large portion of the House membership continues to support the contention that H.R. 6675 leaves a great deal to be desired. The 191 votes for recommitment were 30 to 40 more than have opposed any other Administration measure in this session of Congress.

The House-passed bill now goes to the Senate, where the Finance Committee began work on it on April 26th. The first two days of hearings will be devoted to an explanation of the legislation by officials of the Departments of Health, Education, and Welfare. Public hearings are expected to begin on May 3rd. The A.M.A. will testify on May 11th, and copies of A.M.A. testimony will be available on April 30th. Several state medical societies will also be asked to submit testimony.

It is important to remember that this legislation is subject to change in the Finance Committee and on the floor of the Senate. Any major changes made by the Senate will return the bill to the House Senate Conference Committee for discussion. Inability to reach a settlement on major changes will result in the legislation being returned to the floor of the House for "instructions".

While the A.M.A. is committed to the Eldercare principle and opposition to H.R. 6675, its testimony will suggest certain changes designed to make the legislation more workable, should this be passed. Amendments designed to give the individual physician and such third party carriers as may be involved

(continued on page 20)

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Legislative Committee (continued from page 17)

in administration maximum freedom, will be suggested. The inclusion of the services of radiologists, anesthesiologists, psychiatrists, and pathologists under the voluntary medical services provision of H.R. 6675 will be supported on the grounds that all medical services rendered by a physician should be provided under the same principle. Inclusion on these services in the Social Security hospital coverage, as was originally suggested in H.R. 1, will imply Congressional endorsement of the corporate practice of medicine, since this would endorse the principle of the hospital billing for a physician's services.

Robert W. Emery, M.D.
Chairman

STATEMENT by DR. WARD

Donovan F. Ward, M.D., president of the American Medical Association, issued the following statement upon passage of the Administration's so-called "medicare" bill by the House of Representatives:

"The development of this bill and its passage by the House have been characterized by unrestrained haste. It is unfortunate that the American people have been denied the opportunity to learn through public hearings just how this legislation would affect their lives. The people do not understand this bill, and it is doubtful that the members of the House of Representatives can have acted with a clear comprehension of how it would affect the nation's health, how it would affect the practice of medicine or whether physicians would be able to provide high-quality medical care under the restrictions and controls it would impose on them.

"We are opposed to increasing taxes on wage earners to pay hospital bills for everyone regardless of their in-

come. We are opposed to centralizing control over hospitals and doctors under a federal bureaucracy. We believe in helping the elderly who need help through a program, such as Eldercare, which is administered by the states, not controlled from Washington. Public opinion surveys clearly show that a majority of the American people agree with our position.

"We hope the Senate will proceed with caution and will conduct full and fair public hearings so that this bill can be thoroughly understood by everyone. We hope that the legislation which finally emerges will be sound and just and will reflect the desires of a majority of the people."

—From AMA News

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Q—If an attorney asks a physician to perform services for a client in preparation for a claim, who is obligated to pay for the physician's services?

A—The primary obligation to pay for the physician's services rests with the claimant, since the services are for his benefit. The attorney may, however, advance funds for payment of the costs. For protection, it is best for the physician to obtain a written agreement from the attorney guaranteeing payment for services if the client fails to pay.

Q—May a physician lawfully delegate to a registered nurse the duty of administering an intravenous injection or blood transfusion?

A—The administration of intravenous medication is a part of the prac-

tice of medicine. A licensed physician, however, may lawfully have the assistance of a registered nurse in practicing medicine. The scope of authority which may be delegated to a nurse and the degree of direction and supervision required are governed, essentially, by the general and accepted practice of the medical profession in the community. If it is in accordance with such accepted practice, a physician may delegate to a registered nurse who is qualified by training and experience the administration of intravenous injections or blood transfusions under his direction and supervision.

Q—If a physician, at the request of an insurance company, examines a person who is not his patient for the purpose of making a medical report to the insurance company, does the physician's malpractice liability insurance cover any injury which may occur to the person in the course of the examination?

A—Ordinarily a malpractice liability policy covers liability for any injury resulting from the physician's lawful activity in his professional practice. Coverage usually does not depend on the existence of a physician-patient relationship.



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HAMPDEN CAPSULES

From our Speakers' Bureau:

Dr. D'Avanzo addressed on May 11 the Hampden District Medical Assistants on "Alopecia Diffusa in the Female."

Dr. Bob Emery spoke to the Woman's Auxiliary of the Wesson Memorial Hospital on "Modern Trends in Surgery".

Dr. Emery spoke also before the Golden Agers in East Longmeadow on May 10.

Dr. Holt appeared with Kitty Broman on May 5, at 1 P.M. on Channel 22.

Dr. Bettigole, at Pottenger School.

Dr. Keitlen, at Southwick School, on "Human Growth for the Health Department".

Dr. Terry D. Ryan transferred from Norfolk District to Hampden.

Eight physicians became Senior members on April 21, 1965.

Indoctrination Dinner will be held on June 1, 1965 at the Federal Hill Club, Agawam. 6 P.M. Social Hour - Dinner promptly at 7 P.M. 15 new members to attend. Also three transfers will be invited.

Committee Meetings Scheduled for May

Censor
Public Health
Executive

Medical Assistants meet monthly on the second Tuesday at the Society headquarters. All medical assistants are welcome to join and attend these interesting and worthwhile meetings.

Ted Chilcoat, our Field Representative from A.M.A. visited the office with latest information about H.R. 6675. He met also with Dr. Emery, Legislative Chairman, and our AM-PAC representative, Mr. Donnellan of Boston.

Many thanks to Mrs. Wiedman and her gracious ladies for putting on all those "Coffee Hours" for Eldercare. All the work was greatly appreciated by the Executive Committee, the PR Committee, and the Legislative Committee.

Dr. Alfred Hollander was appointed recently Clinical Professor of Dermatology at Boston University School of Medicine.

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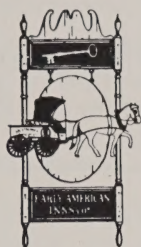
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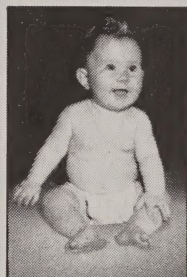
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COUNCILORS ELECT

The Councilors met immediately after the District Meeting and elected the following: Executive Councilor, Dr. Thomas F. Reilly; Alternate to Executive Councilor, Dr. Robert D. O'Malley, both for a term of 3 years.

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"A Democracy cannot exist as a permanent form of Government. It can only exist until the voters discover they can vote themselves largess out of the public treasury. From that moment on the majority always votes for the candidate promising the benefits from the public treasury with the result that Democracy always collapses over a loose fiscal policy, always to be followed by a Dictatorship and then a Monarchy."

Written by

Professor Alexander Fraser Tyler

SPRINGFIELD ACADEMY OF MEDICINE

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Fishman: Circulation of the Blood

MacBryde: Signs and Symptoms

Means, Degroot & Stanbury:

The Thyroid

Pulaski:

Common Bacterial Infections

Smillie & Kilbourne:

Preventive Medicine

ELIGIBILITY PROVISIONS FOR MEDICAL ASSISTANCE FOR THE AGED

Age 65 years or over

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Residence Resident of the state, or temporarily absent from the state. Persons coming into the state for the sole purpose of receiving medical care or institutional care are not eligible for Medical Assistance for the Aged.

Personal Property

Exemption

- a. If unmarried, ownership of bank deposits, securities, cash on hand or similar assets up to \$2000 in value is allowed.
- b. If married combined ownership of assets up to \$3000 is allowed.

Income Exemption.

- a. If unmarried, or if married and the applicant is the husband, \$150 a month.
- b. If married, and the applicant is the wife, combined income of husband and wife of \$225 a month.

Insurance

No restriction. Cash surrender value of insurance shall not be considered in determining personal assets.

Real Estate

Ownership of real property used as a home (or from which a person is absent due to physical or mental illness) is allowed. Ownership of any interest in any other real estate shall disqualify an applicant for assistance.

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Children must contribute to parents 1/3 of income over exempted amounts. Exemptions are as follows:

a. Single child in the home	\$2700
b. Single child not in the home	2950
c. Married child	6000

An additional \$1200 of income is allowed for each dependent other than the spouse. Consideration also may be given for medical expenses which exceed \$25 per year per person; rent or carrying charges in excess of \$50 per month; current educational expenditures; and the cost of any planned life insurance protection. Amounts of federal and state income taxes are not considered part of "income."

Medical Need

Need for medical services must be established in accordance with the State Department of Public Welfare Medical Care Plan. Medical assistance shall be furnished to persons whose income and resources are insufficient to meet the costs of necessary medical services.

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AMA's TESTIMONY

At the hearings now being held by the Senate Finance Committee, the American Medical Association will testify against the so-called medicare bill (H.R. 6675). The medical profession will testify in favor of the Eldercare program, which would provide—without centralized controls over the practice of medicine—health care for all people over age 65 who need financial help.

The AMA will also favor the exclusion of physicians practicing in the specialties of radiology, pathology, anesthesiology and physiatry from the hospital segment of H.R. 6675. In the

bill as passed by the House, these physicians are included in the voluntary section of the bill, their fees to be covered through monthly premiums by the elderly, matched by a federal government general revenue contribution.

Socialized Medicine apparently isn't enough for the 12,000,000 Britons—almost one-quarter of the population—who use private health insurance to supplement their Government care. They pay premiums in order to get free choice of surgeon, fast service on elective procedures, privacy in the hospital, cash during disability.

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1. Give every patient the scrupulous care required of good medical practice.
2. Avoid destructive and unethical criticism of the work of other physicians.
3. Keep complete records that tell what was done, when it was done, and how it was done.
4. Make no statements that constitute, or that might be construed as constituting, an admission of fault on your part. Caution assistants about making such statements.
5. Exercise tact as well as professional ability in handling patients and insist on professional consultation if you have doubts about diagnosis or treatment, or if the patient or his family seem dissatisfied with your efforts.
6. Refrain from overoptimistic prognoses.
7. Notify patients of any intended absences from practice and recommend a qualified substitute to serve in your place.
8. Get, without fail, an "informed consent" (preferably in writing) for medical and surgical procedures and for autopsy.
9. Carefully select and supervise assistants and take care in delegating to them only those duties for which they are qualified.
10. Keep abreast of general medical and scientific progress.
11. Limit your practice to those fields that are well within your qualifications.
12. Check your mechanical equipment regularly and make use of every available safety installation.
13. Make every effort to reach an understanding with your patient about fees, preferably in advance of treatment.
14. Realize that it is dangerous to diagnose or prescribe by telephone.
15. Do not sterilize a patient solely for his convenience, except after a reasonable, complete explanation of the procedure and its risks and possible complications, and only after obtaining a signed consent if the patient is married. Such sterilization is a crime in Connecticut, Kansas, and Utah.
16. Except in emergency situations, if you are a male physician, avoid examining a female patient unless an assistant or nurse, or a member of the patient's family, is present.
17. Exhaust all reasonable methods of securing a diagnosis before embarking on a therapeutic course.
18. Use conservative and the least dangerous methods of diagnosis and treatment whenever possible.
19. Carefully read the manufacturer's prescribing information before prescribing any drug and adhere to the recommended dosage schedule.
20. Be aware of all the known toxic reactions to any drugs you use and the proper methods for treating such reactions.

CANADA COOL TO MEDICARE

Little enthusiasm for compulsory government controlled Medicare has been shown in Canada according to an Associated Press report. Despite the sweeping program of medical care adopted by the Province of Saskatchewan 2½ years ago, there is little likelihood that the Federal Government, or the other provinces, will adopt any such medical care program in the immediate future. This coolness to compulsory medical care seems especially surprising for Canada has had a national government-financed hospitalization plan since 1958. All Canadians not covered by Veterans Aid or other government programs are covered by this program, financed jointly by the federal and provincial Governments.

In June, 1964, a royal commission recommended that a comprehensive

plan covering doctor bills financed by the government be adopted, but Prime Minister Lester B. Pearson has made no effort to push the plan in Parliament. Instead medical care for the most part is left to the provinces, many of which have strongly opposed any sort of compulsory plan, especially on the national level. Alberta has had its own Medicare Program for over a year, and Ontario and British Columbia are in the process of preparing their plans. However, these plans are very much less comprehensive than the controversial Saskatchewan Plan. Instead they tend to follow the recommendations of the Canadian Medical Association, providing voluntary insurance with the provincial governments paying only for the needy. Alberta and Manitoba have made it clear that they are staying with the principle of voluntary insurance, and Alberta's Health Minister, J. Donovan Ross has announced that he will fight any national compulsory plan.

The Canadian Medical Association has taken a firm stand against compulsory government controlled Medicare, but has worked with provincial officials in drafting voluntary plans.

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QUOTING SIR WILLIAM OSLER

"'Tis no idle challenge which we physicians throw out to the World when we claim that our mission is of the highest and of the noblest kind, not alone in curing disease but in educating the people in the laws of health, and in preventing the spread of plagues and pestilences; nor can it be gainsaid that of late years our record as a body has been more encouraging in its practical results than those of the other learned professions. Not that we all live up to the highest ideals, far from it—we are only men. But we have ideals, which mean much, and they are realizable, which means more. Of course there are Gehazis among us who serve for shekels, whose ears hear only the lowing of the oxen and the jingling of the guineas, but these are exceptions. The

rank and file labour earnestly for your good, and self-sacrificing devotion to your interests animates our best work."

(From an address delivered at

McGill Medical School, Oct. 1, 1894)

PRE-COUNCIL MEETING IS HELD

A Pre-Council Meeting was held on Friday, April 16 at Society headquarters with Executive Councilor Dr. Thomas F. Reilly presiding. The following councilors were in attendance: Drs. Franseen, Hayes, Johnson, Kennedy, Memery, Miller, Millman, Miner, O'Malley, Palermo, Pokorny, and Potsubay.

In 1956, 14.1 percent of the private practitioners in the United States had experienced one or more professional liability claims or suits during their careers; in 1964 17.8 percent.

MEMBER

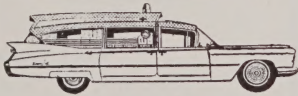
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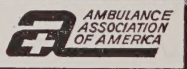
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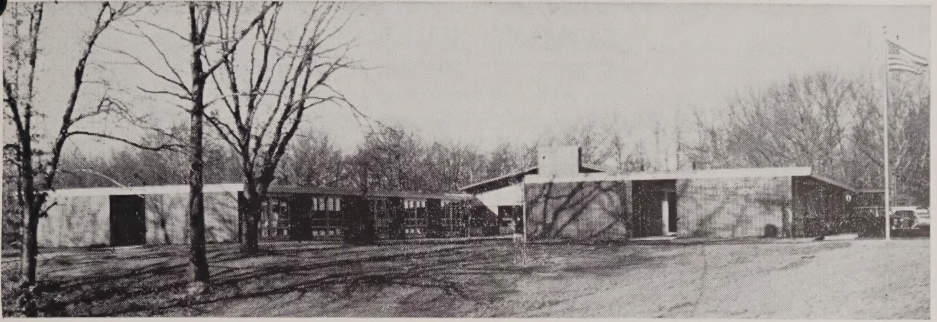
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- We have 2 Registered Nurses on our man 7 - 3 shift alone, and at least one Registered Nurse on our 3 - 11 shift.
- Our Nurses Aide Staff is represented by 2 student nurses and one undergraduate R.N.
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COMING EVENTS

COUNCIL MEETING, BOSTON, MAY 17

M.M.S. ANNUAL MEETING, BOSTON, MAY 18, 19, and 20

EXECUTIVE COMMITTEE MEETINGS: MAY 25 and JUNE 15

AMERICAN DIABETES ASSOCIATION, NEW YORK CITY, JUNE 19-20

A.M.A. ANNUAL MEETING, NEW YORK CITY, JUNE 20-24

AMERICAN COLLEGE OF SURGEONS,

ATLANTIC CITY, NEW JERSEY, OCT. 18-22

AMERICAN HEART ASSOCIATION,

BAL HARBOUR, FLA., OCT. 29 - NOV. 3

AMERICAN MEDICAL ASSOCIATION (Clinical Meeting),

PHILADELPHIA, PA., NOV. 28 - DEC. 1

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Coffee hour for Patrons and guests will follow the performance.

Reservations may be made through Miss Helen Bright, 80 Knox Street, Springfield, Mass. or with any of the committee members.

Dorothy Dimutto, President

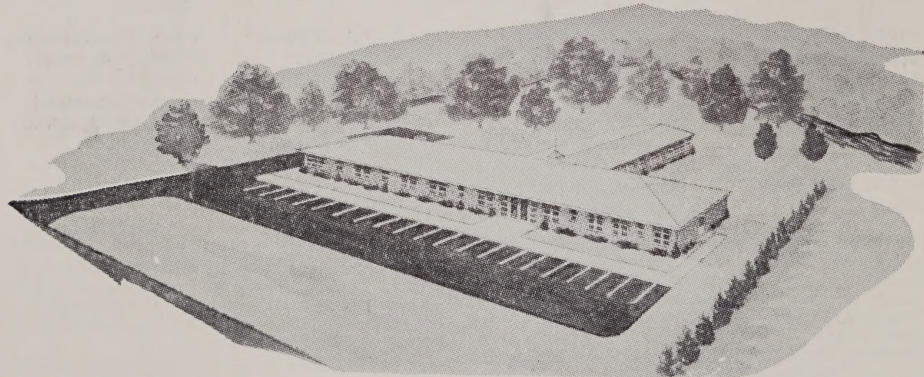
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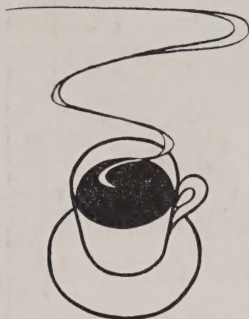
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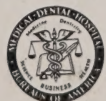
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